# 10/588300

# APPLICATION DATE OF THE STPCT/PTO 02 AUG 2006

# **Application Information**

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	No
Number of Copies of CRF::	
Title::	THERMAL OVERLOAD PROTECTION
Title:: Attorney Docket Number::	THERMAL OVERLOAD PROTECTION 1034456-000048
Attorney Docket Number::	1034456-000048
Attorney Docket Number::  Request for Early Publication?::	1034456-000048 No
Attorney Docket Number::  Request for Early Publication?::  Request for Non-Publication?::	1034456-000048 No
Attorney Docket Number::  Request for Early Publication?::  Request for Non-Publication?::  Suggested Drawing Figure::	1034456-000048 No No
Attorney Docket Number::  Request for Early Publication?::  Request for Non-Publication?::  Suggested Drawing Figure::  Total Drawing Sheets::	1034456-000048 No No
Attorney Docket Number::  Request for Early Publication?::  Request for Non-Publication?::  Suggested Drawing Figure::  Total Drawing Sheets::  Small Entity?::	1034456-000048 No No

Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Finland
Status::	Full Capacity
Given Name::	Janne
Middle Name::	
Family Name::	KUIVALAINEN
Name Suffix::	
City of Residence::	Vaasa
State or Province of Residence::	
Country of Residence::	Finland
Street of Mailing Address::	Pitkäkatu 38 C 41
City of Mailing Address::	Vaasa
State or Province of Mailing Address::	
Country of Mailing Address::	Finland
Postal or Zip Code of Mailing Address::	FI-65100
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Finland
Status::	Full Capacity

Status::

Given Name::

Peter

Middle Name::

Family Name::

ÖSTERBACK

Name Suffix::

City of Residence::

Vaasa

State or Province of Residence::

Country of Residence::

Finland

Street of Mailing Address::

Karperövägen 881

City of Mailing Address::

Vaasa

State or Province of Mailing

Address::

Country of Mailing Address::

Finland

Postal or Zip Code of Mailing

FI-65650

Address::

#### Correspondence Information

Correspondence Customer Number:: 21839

Phone Number::

(703) 836-6620

Fax Number:

(703) 836-2021

### Representative Information

Representative Customer Number:: 21839

## **Domestic Priority Information**

Application::

**Continuity Type::** 

Parent Application::

**Parent Filing** 

Date::

This Application

National Stage of

PCT/FI2005/000067

02/01/2005

### **Foreign Priority Information**

Country::

**Application Number::** 

Filing Date::

**Priority** 

Claimed::

Finland

20040155

02/02/04

Yes

**Assignee Information** 

Assignee Name::

ABB OY

Street of Mailing Address::

Strömbergintie 1

City of Mailing Address::

Helsinki

State or Province of Mailing

Address::

Country of Mailing Address::

Finland

Postal or Zip Code of Mailing

Address::

FI-00380